

Work Order ID 92077

92077

Page 1

October-22-12 3:19:36 PM

Item ID: 647.1816

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Support LH

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: ML5 Date: 12-10-22 Tooling:

Run Start *NR1*

QC: Date: SPC (Y/N):

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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647.1800	N/C
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T10

110

Waterjet

FLOW CNC Waterjet

2024.063

Memo

1-Cut as per Dwg

Dwg Rev: N/C

Prog Rev: N/C

2-Deburr if necessary

120

120

QC

Quality Control

QC2- Inspect parts off machine FAI/FAIB

Memo

0.00

0.00

6 0 JM 12-11-1

6 0 JM 12-11-1

SCRAP

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 92077

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Page 2

Item ID: 647.1816

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Support LH

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00 12 11.01				6			
140 *140* Brake NC Brake NC	Form as per dwg Memo	0.00 0.00				2	4		
150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00 12 11.22				2			

NCR: ☒ Yes ☐ No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: SWH Date: 14/12/24QA Closed: CK Date: 1

Work Order: <u>92077</u> Part No. <u>647-1816</u> NCR No. <u>12-2154</u>				DISPOSITION Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input checked="" type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input checked="" type="checkbox"/>				<u>part crack at the bending material was not cut at 45° not mention on drug</u> <u>R.C Process</u>	<u>DAS 16</u> <u>057042</u> <u>12/12/24</u>	<u>Scrap & destroy</u> <u>No replace</u> <hr/> <u>ADD note on w/o for Grain Direction</u>	<u>SB</u> <u>12/11/24</u>	<u>DAS 15</u> <u>057042</u> <u>12/11/24</u>	<u>DAS 16</u> <u>057042</u> <u>12/12/24</u>		
Equip/Tooling <input type="checkbox"/>											
Operator <input checked="" type="checkbox"/>	<u>12/11/24</u>	<u>140</u>	<u>4</u>								
Material <input checked="" type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input checked="" type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input checked="" type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input checked="" type="checkbox"/> Other
<u>no direction on work order</u> <u>OR DRAWING FOR Grain Direction</u>			

92077

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Accept

N900040100

Setup Start ***NS1***

Stop ***NS2***

Start Date: 22/10/2012 **Start Qty:** 6.00 ***6***

Cust Item ID:

Required Date: 05/11/2012 **Req'd Qty:** 6.00 ***6***

Customer:

Reference:

Approvals: _____ Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

[illegible]

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 92077

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92077

Page 4

Item ID: 647.1816

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Support LH

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190		0.00							
190									
SprayPaint	Memo	0.00							
Spray Painting	PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)								
	CARDINAL 4860-50 PRIMER BATCH: _____								
200	QC14- Inspect Spray Paint	0.00							
200									
QC	Memo	0.00							
Quality Control									
210	Identify as per dwg & Stock Location: _____	0.00							
210									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 92077

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Page 5

Item ID: 647.1816

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Support LH

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

220

QC

Memo

0.00

Quality Control

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Picklist Print

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Page 1

Work Order ID: 92077

92077

Parent Item: 647.1816

647 1816

Parent Item Name: Support LH

Start Date: 22/10/2012

Required Date: 05/11/2012

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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M2024T3S.063

Purchased

No

110

sf

40.4700

0.3155

~~1.992632~~

2.0

Jan 12-11-1

M2024T3S 063

2024T3 063 sheet

Location

Loc Qty

Loc Code

MAT022

40.47

119916

0.1

121197

16.32

123096

24.05

123096

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

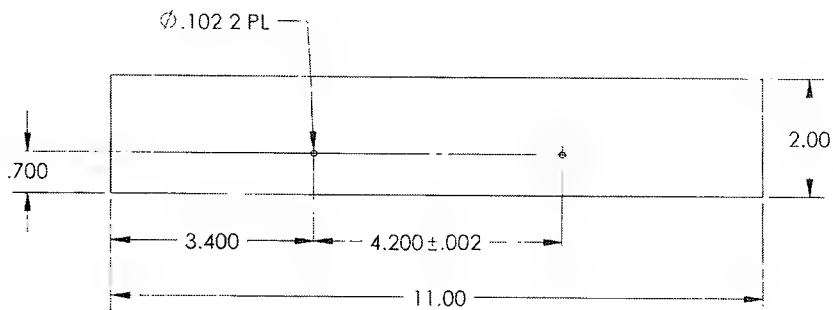
Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

NOTES:

1. MATERIAL: ALUMINUM 2024-T3 PER AMS QQ-A-250/4
2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE I CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER PRIME IAW MIL-P-233/7J TYPE I CLASS N
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120

SH
RE
UNCON
SUBJECT

WITHIN
W/IN
NO - 92077 MLS
12-10-22



.063

647.1810

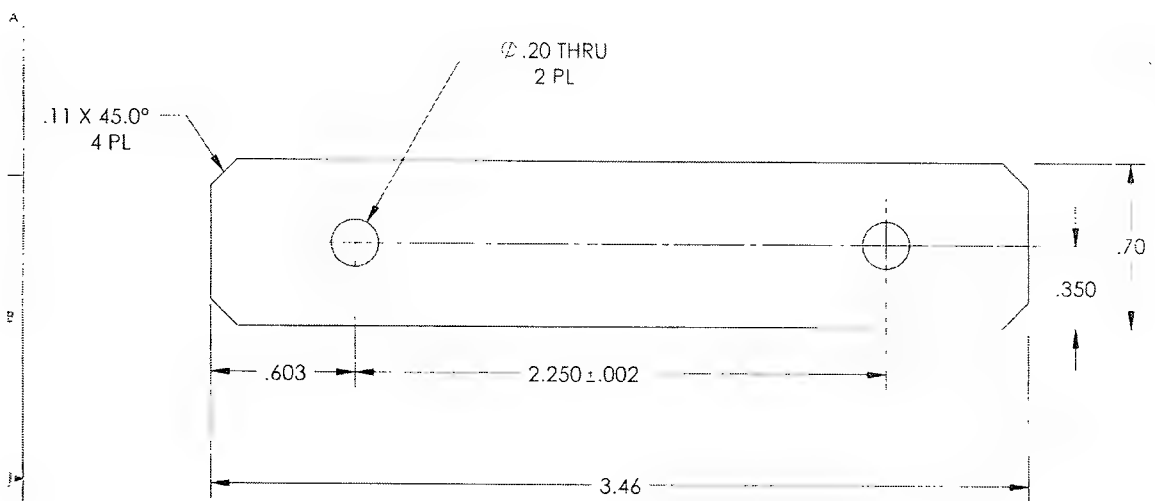
QTY	PART #	DESCRIPTION	MATL	SPEC.
	647.1818	NOSE DOOR SPACER	△	△
	647.817	SUPPORT RH	△	△
	647.816	SUPPORT LH	△	△
	647.1815	GUSSET RH	△	△
	647.1814	GUSSET LH	△	△
	647.1813	ANGLE	△	△
	647.1812	SHIM	△	△
	647.1811	SPACER	△	△
	647.1810	NOSE DOOR DOUBLER	△	△
QTY	PART #	DESCRIPTION	MATL	SPEC.
NEXT ASSY (S)	647.1800	NOSE DOOR DOUBLER		
<p>APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300</p> <p>SHEETMETAL</p> <p>647.1800</p> <p>SCALE: NONE</p>				

Technical drawing of a rectangular plate with chamfered corners. The plate has a width of 3.63 and a height of 1.00. The corners are chamfered with a 45.0 degree angle. The chamfer is labeled ".25 X 45.0° 4 PL". A dimension of .063 is shown at the bottom left corner.

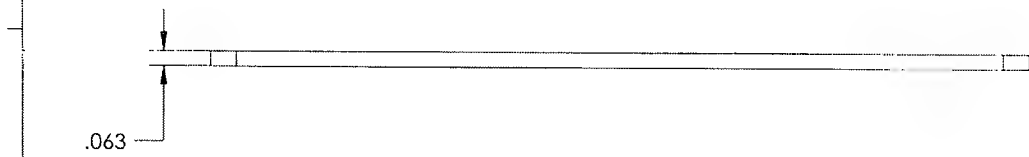
647.1811

1. COUNTRY 28 1000-01-10 2. NAME 3 3. NAME 3 4. NAME 3 5. NAME 3 6. NAME 3 7. NAME 3 8. NAME 3 9. NAME 3 10. NAME 3 11. NAME 3 12. NAME 3 13. NAME 3 14. NAME 3 15. NAME 3 16. NAME 3 17. NAME 3 18. NAME 3 19. NAME 3 20. NAME 3 21. NAME 3 22. NAME 3 23. NAME 3 24. NAME 3 25. NAME 3 26. NAME 3 27. NAME 3 28. NAME 3 29. NAME 3 30. NAME 3 31. NAME 3 32. NAME 3 33. NAME 3 34. NAME 3 35. NAME 3 36. NAME 3 37. NAME 3 38. NAME 3 39. NAME 3 40. NAME 3 41. NAME 3 42. NAME 3 43. NAME 3 44. NAME 3 45. NAME 3 46. NAME 3 47. NAME 3 48. NAME 3 49. NAME 3 50. NAME 3 51. NAME 3 52. NAME 3 53. NAME 3 54. NAME 3 55. NAME 3 56. NAME 3 57. NAME 3 58. NAME 3 59. NAME 3 60. NAME 3 61. NAME 3 62. NAME 3 63. NAME 3 64. NAME 3 65. NAME 3 66. NAME 3 67. NAME 3 68. NAME 3 69. NAME 3 70. NAME 3 71. NAME 3 72. NAME 3 73. NAME 3 74. NAME 3 75. NAME 3 76. NAME 3 77. NAME 3 78. NAME 3 79. NAME 3 80. NAME 3 81. NAME 3 82. NAME 3 83. NAME 3 84. NAME 3 85. NAME 3 86. NAME 3 87. NAME 3 88. NAME 3 89. NAME 3 90. NAME 3 91. NAME 3 92. NAME 3 93. NAME 3 94. NAME 3 95. NAME 3 96. NAME 3 97. NAME 3 98. NAME 3 99. NAME 3 100. NAME 3	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-3300 SHEETMETAL SIZE 1/4" x 1/2" x 1/2" DWG NO. 647.1800 R 07/2/26 CROWN PROFILE 1. CROWN PROFILE 2. CROWN PROFILE 3. CROWN PROFILE 4. CROWN PROFILE 5. CROWN PROFILE 6. CROWN PROFILE 7. CROWN PROFILE 8. CROWN PROFILE 9. CROWN PROFILE 10. CROWN PROFILE 11. CROWN PROFILE 12. CROWN PROFILE 13. CROWN PROFILE 14. CROWN PROFILE 15. CROWN PROFILE 16. CROWN PROFILE 17. CROWN PROFILE 18. CROWN PROFILE 19. CROWN PROFILE 20. CROWN PROFILE 21. CROWN PROFILE 22. CROWN PROFILE 23. CROWN PROFILE 24. CROWN PROFILE 25. CROWN PROFILE 26. CROWN PROFILE 27. CROWN PROFILE 28. CROWN PROFILE 29. CROWN PROFILE 30. CROWN PROFILE 31. CROWN PROFILE 32. CROWN PROFILE 33. CROWN PROFILE 34. CROWN PROFILE 35. CROWN PROFILE 36. CROWN PROFILE 37. CROWN PROFILE 38. CROWN PROFILE 39. CROWN PROFILE 40. CROWN PROFILE 41. CROWN PROFILE 42. CROWN PROFILE 43. CROWN PROFILE 44. CROWN PROFILE 45. CROWN PROFILE 46. CROWN PROFILE 47. CROWN PROFILE 48. CROWN PROFILE 49. CROWN PROFILE 50. CROWN PROFILE 51. CROWN PROFILE 52. CROWN PROFILE 53. CROWN PROFILE 54. CROWN PROFILE 55. CROWN PROFILE 56. CROWN PROFILE 57. CROWN PROFILE 58. CROWN PROFILE 59. CROWN PROFILE 60. CROWN PROFILE 61. CROWN PROFILE 62. CROWN PROFILE 63. CROWN PROFILE 64. CROWN PROFILE 65. CROWN PROFILE 66. CROWN PROFILE 67. CROWN PROFILE 68. CROWN PROFILE 69. CROWN PROFILE 70. CROWN PROFILE 71. CROWN PROFILE 72. CROWN PROFILE 73. CROWN PROFILE 74. CROWN PROFILE 75. CROWN PROFILE 76. CROWN PROFILE 77. CROWN PROFILE 78. CROWN PROFILE 79. CROWN PROFILE 80. CROWN PROFILE 81. CROWN PROFILE 82. CROWN PROFILE 83. CROWN PROFILE 84. CROWN PROFILE 85. CROWN PROFILE 86. CROWN PROFILE 87. CROWN PROFILE 88. CROWN PROFILE 89. CROWN PROFILE 90. CROWN PROFILE 91. CROWN PROFILE 92. CROWN PROFILE 93. CROWN PROFILE 94. CROWN PROFILE 95. CROWN PROFILE 96. CROWN PROFILE 97. CROWN PROFILE 98. CROWN PROFILE 99. CROWN PROFILE 100. CROWN PROFILE	REV 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
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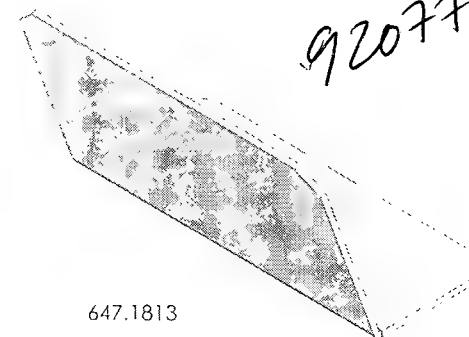


647.1812



DESIGNED BY: [blank] DRAWN BY: [blank] CHECKED BY: [blank] APPROVED BY: [blank]		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300	
MATERIAL: [blank] FINISH: [blank]		SHEETMETAL	
DIMENSIONS IN INCHES DIMENSIONS IN MILLIMETERS TOLERANCES ARE: 1 PLACE DECIMALS ± .01 2 PLACE DECIMALS ± .005 3 PLACE DECIMALS ± .001	SHEET CODE: 8 DIM. NO: 647.1800 SCALE: NONE	REV: N/C	SHEET 3 OF 7

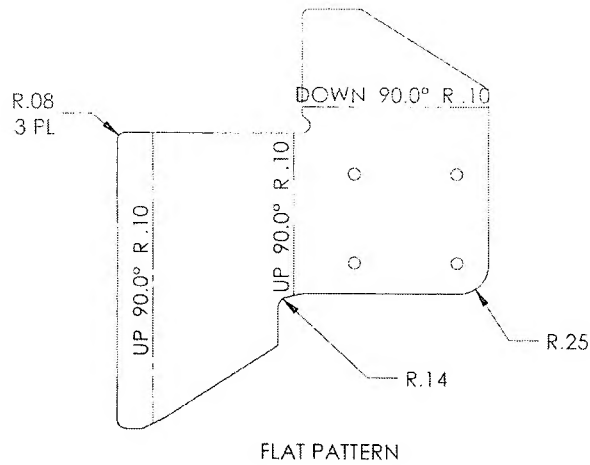
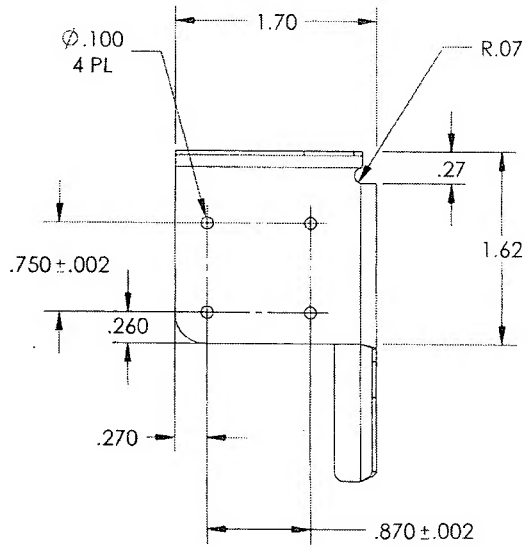
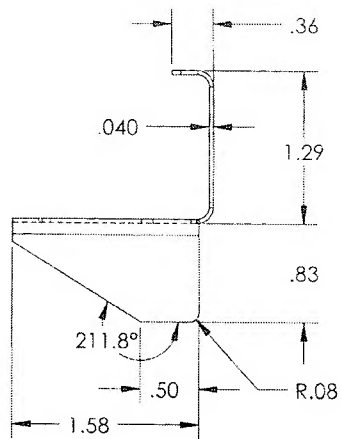
A schematic diagram of a rectangular structure with a trapezoidal top. The width of the base is labeled as 3.63.



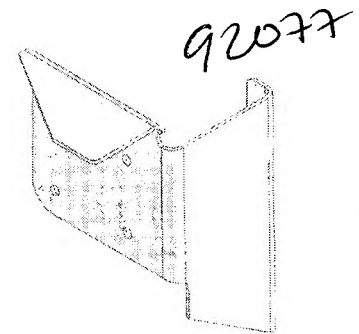
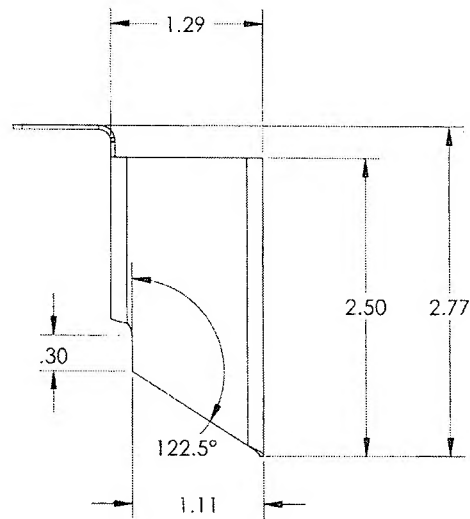
647.1813

[illegible]

1. ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE SPECIFIED.
 2. DIMENSIONS ARE TO CENTER UNLESS OTHERWISE SPECIFIED.
 3. DIMENSIONS ARE TO CENTER UNLESS OTHERWISE SPECIFIED.



FLAT PATTERN



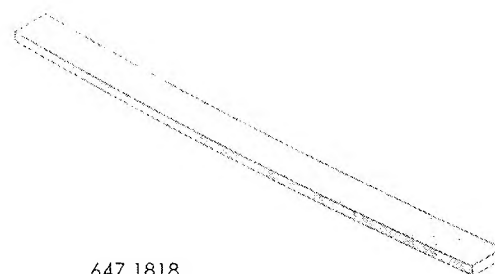
647.1814 SHOWN
 647.1815 OPPOSITE

APICAL INDUSTRIES	
2608 TEMPLE HEIGHTS DR.	
OCEANSIDE, CA. 92056-3512 (760)724-5300	
SHEETMETAL	
DATE	647.1800
DESIGNED BY	REV. N/C
DRAWN BY	
CHECKED BY	
APPROVED BY	
DATE	
SCALE	NONE
SHEET	5 OF 7

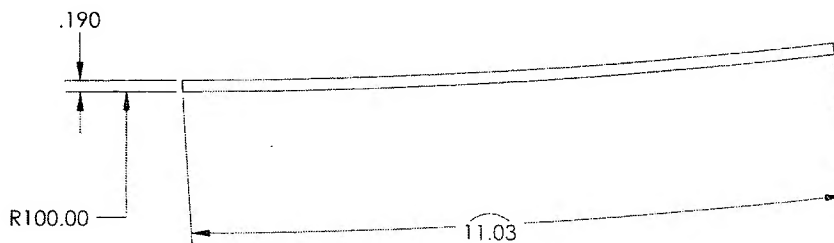
INQUIRY DATE MO/D/Y DAY/MY	APICAL INDUSTRIES												
CUSTOMER NO. C/CARD NO. B/BANK NO.	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300												
DEBIT CARD APPROVAL P/PAYNO													
CONTACT FIC	SHEETMETAL												
UNLESS OTHERWISE SPECIFIED: DIMENSIONS ARE IN FEET AND FRACTIONS OF AN INCH • PLATE THICKNESS 1/8" • PLATE FINISH #3 • ALL DIMENSIONS TO FACE UNLESS OTHERWISE NOTED	<table border="1"> <thead> <tr> <th>QTY</th> <th>GAGE CODE</th> <th>DWG NO.</th> <th>REV</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>D7M/L6</td> <td>647.1800</td> <td>N/C</td> </tr> <tr> <td colspan="3">TOTAL: NONE</td> <td>SHEET 6 OF 7</td> </tr> </tbody> </table>	QTY	GAGE CODE	DWG NO.	REV	B	D7M/L6	647.1800	N/C	TOTAL: NONE			SHEET 6 OF 7
QTY	GAGE CODE	DWG NO.	REV										
B	D7M/L6	647.1800	N/C										
TOTAL: NONE			SHEET 6 OF 7										

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647.1818



SHEET METAL		APICAL INDUSTRIES	
2608 TEMPLE HEIGHTS DR.		OCEANSIDE, CA 92056-3512 (760)724-5300	
SHEET METAL		SHEET METAL	
DATE	07/12/26	QTY	647.1800
REV	N/C	SCALE	1:1
SHEET 7 OF 7		SHEET 7 OF 7	

